Form 5805 – Underpayment of Estimated Tax by Individuals and Fiduciaries

Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
	Byte Count			4	"nnnn" for variable	
	Start Of Record Sentinel			4	Value "****"	
0000	Record ID			34	Value "FRMbbb5805bbPG01b(9n)b(7n)" 7n=Form Occurrence Number; 9n=Taxpayer SSN	
	Part I – Questions					
0010	Requesting Waiver – Yes	1	A	1	"X" or blank	
@0015	Waiver Explanation		AN	6	"STMbnn" or blank	
0020	Requesting Waiver – No	1	A	1	"X" or blank	
0030	Annualized Method – Yes	2	A	1	"X" or blank	
0040	Annualized Method – No	2	A	1	"X" or blank	
0042	Equal Installments – Yes	3	A	1	"X" or blank	
0044	Equal Installments – No	3	A	1	"X" or blank	
0045	Amount Withheld – 04/15/05	3	N	12		9/28
0046	Amount Withheld – 06/15/05	3	N	12		9/28
0047	Amount Withheld – 09/15/05	3	N	12		9/28
0048	Amount Withheld – 01/15/06	3	N	12		9/28
0070	Date Of Death – Yes	4	A	1	"X" or blank	
0080	Date Of Death – No	4	A	1	"X" or blank	
	Part II – Required Annual Payment					
0090	Current Year Tax	1	N	12		
0100	Multiply Line 1 By 90% (.90)	2	N	12		
0110	Withholding Taxes	3	N	12		
0120	Line 1 Minus Line 3	4	N	12		
0130	Prior Year Tax	5	N	12		
0140	Enter Smaller Of Line 2 Or 5	6	N	12		

Form 5805, Side 1 (continued)

Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
0150	Amount From Part II, Line 3	7	N	12		
0160	Total Estimated Payments Made	8	N	12		
0170	Add Line 7 And 8	9	N	12		
0180	Total Underpayment	10	N	12		
0190	Multiply Line 10 By .03533562	11	N	12		9/28
0200	Compute Penalty	12	N	12		
0210	Penalty	13	N	12		
	Record Terminus Character			1	Value “#”	

Form 5805, Side 2

Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
	Byte Count			4	"nnnn" for variable	
	Start of Record Sentinel			4	Value "****"	
0000	Record ID			34	Value "FRMb5805bbPG02b(9n)b(7n)" 7n=Form Occurrence Number; 9n=Taxpayer SSN	
	Part III – Annualized Income Installment Schedule					
0240	AGI 1/1/05 - 3/31/05	1(a)	N	12		9/28
0250	AGI 1/1/05 - 5/31/05	1(b)	N	12		9/28
0260	AGI 1/1/05 - 8/31/05	1(c)	N	12		9/28
0270	AGI 1/1/05 - 12/31/05	1(d)	N	12		9/28
0280	Annualized Income 1/1/05 - 3/31/05	3(a)	N	12		9/28
0290	Annualized Income 1/1/05 - 5/31/05	3(b)	N	12		9/28
0300	Annualized Income 1/1/05 - 8/31/05	3(c)	N	12		9/28
0310	Annualized Income 1/1/05 - 12/31/05	3(d)	N	12		9/28
0320	Itemized Deductions 1/1/05 - 3/31/05	4(a)	N	12		9/28
0330	Itemized Deductions 1/1/05 - 5/31/05	4(b)	N	12		9/28
0340	Itemized Deductions 1/1/05 - 8/31/05	4(c)	N	12		9/28
0350	Itemized Deductions 1/1/05 - 12/31/05	4(d)	N	12		9/28
0360	Annualized Deductions 1/1/05 - 3/31/05	6(a)	N	12		9/28
0370	Annualized Deductions 1/1/05 - 5/31/05	6(b)	N	12		9/28
0380	Annualized Deductions 1/1/05 - 8/31/05	6(c)	N	12		9/28

Form 5805, Side 2 (continued)

Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
0390	Annualized Deductions 1/1/05 - 12/31/05	6(d)	N	12		9/28
0400	Standard Deduction 1/1/05 - 3/31/05	7(a)	N	12		9/28
0410	Standard Deduction 1/1/05 - 5/31/05	7(b)	N	12		9/28
0420	Standard Deduction 1/1/05 - 8/31/05	7(c)	N	12		9/28
0430	Standard Deduction 1/1/05 - 12/31/05	7(d)	N	12		9/28
0440	Larger Line 6 or 7 1/1/05 - 3/31/05	8(a)	N	12		9/28
0450	Larger Line 6 or 7 1/1/05 - 5/31/05	8(b)	N	12		9/28
0460	Larger Line 6 or 7 1/1/05 - 8/31/05	8(c)	N	12		9/28
0470	Larger Line 6 or 7 1/1/05 - 12/31/05	8(d)	N	12		9/28
0480	Line 3 Minus Line 8 1/1/05 - 3/31/05	9(a)	N	12		9/28
0490	Line 3 Minus Line 8 1/1/05 - 5/31/05	9(b)	N	12		9/28
0500	Line 3 Minus Line 8 1/1/05 - 8/31/05	9(c)	N	12		9/28
0510	Line 3 Minus Line 8 1/1/05 - 12/31/05	9(d)	N	12		9/28
0520	Tax on Line 9 Amount 1/1/05 - 3/31/05	10(a)	N	12		9/28
0530	Tax on Line 9 Amount 1/1/05 - 5/31/05	10(b)	N	12		9/28
0540	Tax on Line 9 Amount 1/1/05 - 8/31/05	10(c)	N	12		9/28
0550	Tax on Line 9 Amount 1/1/05 - 12/31/05	10(d)	N	12		9/28

Form 5805, Side 2 (continued)

Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
0560	Total Exemption Credit 1/1/05- 3/31/05	11(a)	N	12		9/28
0570	Total Exemption Credit 1/1/05 - 5/31/05	11(b)	N	12		9/28
0580	Total Exemption Credit 1/1/05 - 8/31/05	11(c)	N	12		9/28
0590	Total Exemption Credit 1/1/05 - 12/31/05	11(d)	N	12		9/28
0600	Line 10 Minus Line 11 1/1/05 - 3/31/05	12(a)	N	12		9/28
0610	Line 10 Minus Line 11 1/1/05 - 5/31/05	12(b)	N	12		9/28
0620	Line 10 Minus Line 11 1/1/05 - 8/31/05	12(c)	N	12		9/28
0630	Line 10 Minus Line 11 1/1/05 - 12/31/05	12(d)	N	12		9/28
0640	Total Credit Amount 1/1/05 - 3/31/05	13(a)	N	12		9/28
0650	Total Credit Amount 1/1/05 - 5/31/05	13(b)	N	12		9/28
0660	Total Credit Amount 1/1/05 - 8/31/05	13(c)	N	12		9/28
0670	Total Credit Amount 1/1/05 - 12/31/05	13(d)	N	12		9/28
0680	Line 12 Minus Line 13 1/1/05 - 3/31/05	14a-(a)	N	12		12/21
0690	Line 12 Minus Line 13 1/1/05 - 5/31/05	14a-(b)	N	12		12/21
0700	Line 12 Minus Line 13 1/1/05 - 8/31/05	14a-(c)	N	12		12/21
0705	Line 12 Minus Line 13 1/1/05 - 12/31/05	14a-(d)	N	12		12/21
0706	AMT & Mental Health Tax	14b(a)	N	12		12/21
0707	AMT & Mental Health Tax	14b(b)	N	12		12/21

Form 5805, Side 2 (continued)

Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
0708	AMT & Mental Health Tax	14b(c)	N	12		12/21
0709	AMT & Mental Health Tax	14b(d)	N	12		12/21
0710	Add Line 14a and Line 14B	14c(a)	N	12		12/21
0711	Add Line 14a and Line 14B	14c(b)	N	12		12/21
0712	Add Line 14a and Line 14B	14c(c)	N	12		12/21
0713	Add Line 14a and Line 14B	14c(d)	N	12		12/21
0714	Child and Dependent Care Credit Amount	14d(a)	N	12		12/21
0715	Child and Dependent Care Credit Amount	14d(b)	N	12		12/21
0716	Child and Dependent Care Credit Amount	14d(c)	N	12		12/21
0717	Child and Dependent Care Credit Amount	14d(d)	N	12		12/21
0720	Multiply Line 14e by Line 15 1/1/05 - 3/31/05	16(a)	N	12		**01/25**
0721	**Line 14c Minus Line 14d**	**14e(a)**	**N**	**12**		**01/25**
0722	**Line 14c Minus Line 14d**	**14e(b)**	**N**	**12**		**01/25**
0723	**Line 14c Minus Line 14d**	**14e(c)**	**N**	**12**		**01/25**
0724	**Line 14c Minus Line 14d**	**14e(d)**	**N**	**12**		**01/25**
0730	Multiply Line 14e by Line 15 1/1/05 - 5/31/05	16(b)	N	12		**01/25**
0740	Multiply Line 14e by Line 15 1/1/05 - 8/31/05	16(c)	N	12		**01/25**
0750	Multiply Line 14e by Line 15 1/1/05 - 12/31/05	16(d)	N	12		**01/25**
0760	Combined Amounts 1/1/05 - 5/31/05	17(b)	N	12		9/28
0770	Combined Amounts 1/1/05 - 8/31/05	17(c)	N	12		9/28
0780	Combined Amounts 1/1/05 - 12/31/05	17(d)	N	12		9/28
0790	Line 16 Minus Line 17 1/1/05 - 3/31/05	18(a)	N	12		9/28
0800	Line 16 Minus Line 17 1/1/05 - 5/31/05	18(b)	N	12		9/28
0810	Line 16 Minus Line 17 1/1/05 - 8/31/05	18(c)	N	12		9/28

Form 5805, Side 2 (continued)

Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
0820	Line 16 Minus Line 17 1/1/05 - 12/31/05	18(d)	N	12		9/28
0830	¼ of Amount on Part II, Line 6 1/1/05 - 3/31/05	19(a)	N	12		9/28
0840	¼ of Amount on Part II, Line 6 1/1/05 - 5/31/05	19(b)	N	12		9/28
0850	¼ of Amount on Part II, Line 6 1/1/05 - 8/31/05	19(c)	N	12		9/28
0860	¼ of Amount on Part II, Line 6 1/1/05 - 12/31/05	19(d)	N	12		9/28
0870	Amount from Line 22 1/1/05 - 5/31/05	20(b)	N	12		9/28
0880	Amount from Line 22 1/1/05 - 8/31/05	20(c)	N	12		9/28
0890	Amount from Line 22 1/1/05 - 12/31/05	20(d)	N	12		9/28
0900	Add Line 19 and 20 1/1/05 - 3/31/05	21(a)	N	12		9/28
0910	Add Line 19 and 20 1/1/05 - 5/31/05	21(b)	N	12		9/28
0920	Add Line 19 and 20 1/1/05 - 8/31/05	21(c)	N	12		9/28
0930	Add Line 19 and 20 1/1/05 - 12/31/05	21(d)	N	12		9/28
0940	If Line 21 More than 18 1/1/04- 3/31/04	22(a)	N	12		9/28
0950	If Line 21 More than 18 1/1/05 - 5/31/05	22(b)	N	12		9/28
0960	If Line 21 More than 18 1/1/05 - 8/31/05	22(c)	N	12		9/28
0970	If Line 21 More than 18 1/1/05 - 12/31/05	22(d)	N	12		9/28
0980	Enter Line 18 or 21 1/1/05 - 3/31/05	23(a)	N	12		9/28
0990	Enter Line 18 or 21 1/1/05 - 5/31/05	23(b)	N	12		9/28
1000	Enter Line 18 or 21 1/1/05 - 8/31/05	23(c)	N	12		9/28
1010	Enter Line 18 or 21 1/1/05 - 12/31/05	23(d)	N	12		9/28
	Record Terminus Character			1	Value “#”	